



APPLICATION FOR EMPLOYMENT

In order to consider your application for employment, DeVries Landscape Management needs to have you answer all questions completely.

DATE: _____

NAME: _____
(Last) (First) (Middle)

MAIDEN NAME (if applicable): _____

ADDRESS: _____

CITY: _____ ZIP: _____ PHONE: _____

EMAIL ADDRESS: _____ DATE OF BIRTH: _____

EMPLOYMENT

JOB APPLYING FOR: _____ Pay Desired: _____

IF APPLYING ONLY FOR PART-TIME, WHAT DAYS AND HOURS ARE YOU AVAILABLE:

Monday _____

Friday _____

Tuesday _____

Saturday _____

Wednesday _____

Sunday _____

ARE YOU WILLING TO WORK WEEKENDS AND HOLIDAYS? Yes _____ No _____

WHAT DATE ARE YOU AVAILABLE TO START? _____

HAVE YOU WORKED FOR DEVRIES LANDSCAPE IN THE PAST? Yes _____ No _____

If yes, when? _____

HAVE YOU EVER APPLIED AT DEVRIES LANDSCAPE? Yes _____ No _____

If yes, when? _____

LIST ANY FRIENDS OR RELATIVES WORKING FOR DEVRIES: _____

DO YOU HAVE ANY SKILLS, QUALIFICATIONS OR EXPERIENCES WHICH YOU FEEL WOULD ESPECIALLY FIT YOU FOR WORK WITH DEVRIES? _____

IF HIRED, DO YOU HAVE A RELIABLE MEANS OF TRANSPORTATION? _____

ARE YOU 18 YEARS OR OLDER? Yes _____ No _____

HAVE YOU SERVED IN THE ARMED FORCES? Yes _____ No _____ DATES OF SERVICE _____

BRANCH OF SERVICE: _____

RANK AT TIME OF ENLISTMENT: _____ RANK AT TIME OF DISCHARGE: _____

DO YOU HAVE ANY IMPAIRMENTS (Physical, Mental or Medical) WHICH WOULD INTERFERE WITH YOUR ABILITY TO DO THE JOB FOR WHICH YOU ARE APPLYING? Yes _____ No _____

PLEASE DESCRIBE _____

CRIMINAL RECORD

HAVE YOU EVER BEEN CONVICTED OF A CRIME? Yes _____ No _____

IF YES, EXPLAIN WHEN, WHERE AND THE NATURE OF ALL CRIMINAL CONVICTIONS: _____

ARE THERE ANY FELONY CHARGES PENDING AGAINST YOU NOW? Yes _____ No _____

IF YES, PLEASE EXPLAIN: _____

EDUCATION

SCHOOL	# OF YEARS	NAME OF SCHOOL	CITY & STATE	COURSE OF STUDY	DID YOU GRADUATE	DIPLOMA OR DEGREE
HIGH SCHOOL					YES / NO	
COLLEGE					YES / NO	
OTHER (Specify)					YES / NO	

IF YOU DID NOT GRADUATE, WHY DID YOU LEAVE SCHOOL OR COLLEGE? _____

IF YOU WERE IN SCHOOL WITHIN THE LAST TWO YEARS, HOW MANY DAYS WERE YOU ABSENT AND/OR LATE? _____

ADDITIONAL INFORMATION

(List any information here that you care to add)

EMPLOYMENT HISTORY

PLEASE LIST EACH EMPLOYER YOU HAVE WORKED FOR DURING THE LAST THREE YEARS. LIST THE MOST RECENT EMPLOYER FIRST.

Employer

Address

Job Title

Supervisor / Title

Description of Duties

Start Date

End Date

Final Salary

Reason for Leaving

Employer

Address

Job Title

Supervisor / Title

Description of Duties

Start Date

End Date

Final Salary

Reason for Leaving

Employer

Address

Job Title

Supervisor / Title

Description of Duties

Start Date

End Date

Final Salary

Reason for Leaving

DRIVING RECORD

PLEASE LIST ALL MOTOR VEHICLE ACCIDENTS YOU WERE INVOLVED IN DURING THE LAST THREE YEARS:

DATE: _____

NATURE OF ACCIDENT: _____

PERSONAL INJURIES AND/OR FATALITIES: _____

DATE: _____

NATURE OF ACCIDENT: _____

PERSONAL INJURIES AND/OR FATALITIES: _____

DATE: _____

NATURE OF ACCIDENT: _____

PERSONAL INJURIES AND/OR FATALITIES: _____

PLEASE LIST ALL VIOLATIONS OF MOTOR VEHICLE LAWS OR ORDINANCES (other than just for parking) OF WHICH YOU WERE CONVICTED OR FORFEITED A BOND OR COLLATERAL DURING THE LAST THREE YEARS:

IF YOU HAVE EVER BEEN DENIED, HAD REVOKED OR SUSPENDED ANY LICENSE, PERMIT OR PRIVILEGE TO OPERATE A MOTOR VEHICLE, PLEASE LIST THE FACTS AND DETAILS:

IF NOT, PLEASE STATE THAT NO SUCH DENIAL, REVOCATION OR SUSPENSION HAS OCCURRED.

I DO CERTIFY THAT THIS APPLICATION WAS COMPLETED BY ME AND THAT ALL ENTRIES ON IT AND INFORMATION CONTAINED IN IT ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

Signature

Date

REFERENCES

REFERENCES

(Not former employers or relatives)

Name	Address and Phone Number	Occupation

NEAREST RELATIVE (not living with you):

Name: _____

Address: _____

Phone: _____

IN CASE OF EMERGENCY, CONTACT:

Name: _____

Address: _____

Phone: _____

CERTIFICATION AND AGREEMENT

APPLICANT'S CERTIFICATION AND AGREEMENT

(Please read carefully)

BEFORE ANY APPLICANT CAN BEGIN WORK, THE PERSON MUST BE ABLE TO VERIFY, UNDER FEDERAL LAW, THAT HE OR SHE IS AUTHORIZED TO WORK IN THE UNITED STATES. ALL APPLICANTS OFFERED A POSITION WITH DEVRIES LANDSCAPE MANAGEMENT, INC. WILL HAVE TO DOCUMENT THEIR AUTHORIZATION TO WORK BEFORE THE HIRING PROCESS WILL BE COMPLETE.

ALL APPLICANTS ARE BEING NOTIFIED AT THIS TIME, THAT IF SELECTED FOR HIRE, IT WILL BE YOUR RESPONSIBILITY TO PROVIDE DEVRIES LANDSCAPE MANAGEMENT, INC. WITH DOCUMENTATION SHOWING YOUR RIGHT TO WORK. DEVRIES LANDSCAPE MANAGEMENT, INC. IS GIVING YOU THIS NOTICE SO YOU MAY HAVE THOSE DOCUMENTS READY IF YOU SHOULD BE OFFERED A POSITION WITH DEVRIES LANDSCAPE MANAGEMENT, INC. THE DOCUMENTS WILL BE REVIEWED BY MANAGEMENT AT THE TIME A CONDITIONAL OFFER OF EMPLOYMENT IS MADE.

1. Certification of Truthfulness

I certify that all statements on this Application for Employment are made completely, truthfully and without evasion, and further understand and agree that such statements may be investigated and if found to be false, will be sufficient reason for not being employed, or if employed, may result in my dismissal.

2. Authorization for Employment Information

I authorize the references I have listed above, and any prior or current employer of mine, to give you any and all information concerning my previous employment, including any disciplinary information, and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing information to you. Also, I hereby waive written notice to me that employment information is being provided by any person or organization.

3. Employment at Will

If hired, in consideration of my employment, I agree to abide by the rules and policies of DeVries Landscape Management, Inc. I further agree that such employment and all compensation can be terminated with or without cause, and with or without notice, at any time, at the option of either DeVries Landscape Management, Inc. or myself. I understand that no agent or representative of DeVries Landscape Management, Inc. other than its Owner, has any authority to enter into any agreement for employment for any specific or indefinite period of time, or to make any agreement contrary to the foregoing, and that the Owner's authority to do so may be exercised only by a written employment contract signed by DeVries Landscape Management, Inc.'s Owner.

I agree that any claim I believe I have as a result of applying for employment with DeVries Landscape Management, Inc. will be resolved through arbitration conducted under the rules of the American Arbitration Association then in effect. Likewise, should I become an employee of DeVries Landscape Management, Inc. I agree that any dispute arising from my employment by DeVries Landscape Management, Inc. or the termination of my employment will be resolved through arbitration conducted under the rules of the American Arbitration Association then in effect. I agree that the party who prevails in any arbitration proceeding shall be entitled to have a judgement entered by the appropriate Michigan Circuit Court to enforce the decision of the Arbitrator. I further agree that any claim relating to my application for employment, my employment, or the termination of my employment must be brought within six months of the act which provides the basis for the claim. I waive any statute of limitations to the contrary.

Signature

Date

DRIVER INSURABILITY REPORT

Name of Job Applicant / Employee: _____

Address: _____

Driver's License Number: _____

Date of Birth: _____ Date: _____

Consumer reports may be obtained as part of DeVries Landscape Management, Inc.'s evaluation of my job application / employment. The reports may be procured by the Oliver-VanDyk Insurance Agency, Inc., and may include my driving record, an assessment of my insurability under DeVries Landscape Management, Inc.'s insurance coverage or other consumer reports. By signing this disclosure, I hereby authorize DeVries Landscape Management, Inc. to procure such reports and additional reports about me from time to time, as it deems appropriate, to evaluate my insurability for employment or for other permissible purposes.

Signature of Job Applicant / Employee

Print Name of Job Applicant / Employee